

DISTRIBUTOR APPLICATION FORM

Please fill out the following form.

You may email or fax the application at Piyavar amir@piyavargroup.com/
info@piyavargroup.com or by Fax **+982144083373**.

Attach necessary evidence documents (i.e. bank statement, income statement, etc.).

Recommended Steps for Distributor Candidates:

As our products are specialized hospital equipment, we require a distributor to be equipped with at least one showroom/ warehouse/ customer center location per sales territory. You will be required to arrange a team of technical specialists to assist your end users in case of any technical problems.

- 1. Buy a sample directly from us at sub dealer price or from one of our vendors worldwide.*
- 2. Confirm the products' performance and potential in your market and register our products in your country's Ministry of Health and/or other state organizations if needed.*
- 3. Signify your interest in becoming our distributor by letting us know you will be able to offer technical support to your end users (at least one showroom/ service center in the sales territory required.)*

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4. *Visit us at our headquarters for comprehensive technical and operational training on the equipment.*
5. *Sign a contract with us to become our distributor.*
6. *Initial order should be placed very shortly after the contract is signed.*

Applicant agrees as follows:

The information provided below is accurate.

Piyavar may investigate general background and reputation of the Applicant in reviewing this Application.

This Application does not bind Applicant to accept, nor does it bind **Piyavar** to offer.

Piyavar has not made any representations, assurances, or guarantees to Applicant as to the profitability or success of any distributorship. The profitability or success of distributorship depends on market conditions and economic factors that are beyond Applicant's and **Piyavar's** control.

Applicant's investment in any distributorship is made solely at Applicant's risk. Any material misrepresentation or omission in the information supplied by Applicant to **Piyavar** shall constitute grounds for **Piyavar** to immediately

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terminate any Distributor Agreement that may be entered into by **Piyavar** with Applicant.

This Application is submitted to **Piyavar at Tehran, Iran**, and is governed by the Iranian laws.

Completed by Applicant: ___ / ___ / 20__.

Distributor Price Distributor Price is available only for our authorized distributors. All conditions in the distributor contract should be fulfilled to be eligible for this price. The MOQ (minimum order quantity) varies per sales territory.

Conditions

Distributor price is fixed worldwide.

Distributor price includes a 1 year warranty of free part supply only. The price does not include any shipping costs (EXW). Price does not include any customs taxes in the country of importation.

Sub-dealer price is fixed worldwide.

Sub-dealer price includes a 1 year warranty of free part supply only. The price does not include any shipping

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costs (EXW). Price does not include any customs taxes in the country of importation.

Payment Methods

Advance cash payment (SWIFT wire transfer, T/T) if the total order amount is less than 35,000 \$ or the equivalent.

Advance cash payment or Letter of Credit at Sight if the total order amount is more than 35.000 \$ or the equivalent.

Delivery Terms

EXW

'Ex' means from. 'Works' means factory, mill or warehouse, which is the seller's premises. EXW (Ex Works) applies to goods available only at the seller's premises. Buyer is responsible for loading the goods on truck or container at the seller's premises, and for the subsequent costs and risks.

FOB

The FOB price (free on board price) is the price of good delivered at the frontier of the exporting country. An FOB price includes all charges up to placing the goods on board a ship at the port of departure specified by the buyer. Also called collect freight, freight collect, or freight forward.

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CIF

The CIF price (cost, insurance and freight price) is the price of a good delivered at the frontier of the importing country, including any insurance and freight charges incurred to that point before the payment of any import duties or other taxes on imports or trade and transport margins within the country.

Buyer assumes the import customs clearance, payment of customs duties and taxes, and other costs and risks. Used for ocean freight only.

*Denotes required fields.

I. DISTRIBUTORSHIP OVERVIEW	
1. Distributorship type*	“E” - Exclusive “N” - Non-exclusive
2. Sales territory of interest*	Country (i.e. “USA”, “the Sweden and Norway”)
Please specify regions within the countries of your selection. (i.e. “all regions of the country”, “States of Alabama and Mississippi”)	
3. Expected distributorship start date* (mm/dd/yyyy)	
4. Current dealership(s)	Please list product brands and models you are selling or distributing.
5. How did you hear about us?	Search engines (Google, Facebook, etc.) Internet ads Tradeshows (business associates, etc.)

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	Friends Social networking sites (Alibaba, EC21, etc.) Other		
II. APPLICANT OVERVIEW			
1. Full legal name of Applicant*			
2. Date incorporated or organized*			
3. Place of incorporation or organization*	4. Number of employees*		
5. Office address*			
6. Office telephone number*	7. Mobile number		
8. Email address*	9. Website		
10. Trade names under which Applicant does business			
11. Applicant's national origin (registered country)*			
12. Owner and Officer Information*	Name and address	% Owned	Office held
III. DETAILED BUSINESS INFORMATION			
1. Business registration ID or number			
2. Current industry*			
3. Current Products and Services Offered*			
4. Annual Revenue *	<u>2008</u>	<u>2009</u>	<u>2010</u>
(Specify currency)			
5. Current Total Capital * (Specify currency)		Please provide details of	

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	liquidated assets	
6. Current Balance * (Specify currency)	Please attach necessary financial statements.	
IV. DISTRIBUTOR SURVEY		
Questions	Yes or No?	If yes, please give details of your experience.
1. Has Applicant ever distributed or sold hospital furniture?*	Yes or No?	(when, brands, products)
2. Has Applicant ever seen our products in person?*	Yes or No?	(when and where)
3. Does or will Applicant have a service center equipped to offer technical service to customers?*	Yes or No?	(locations, service provided)
4. Is a technical support team available?*	Yes or No?	(N° of employees, specialties)
5. Does or will Applicant have a showroom/warehouse within the sales territory?*	Yes or No?	(locations, size)
6. Has Applicant ever filed for bankruptcy?*	Yes or No?	
7. Has Applicant ever been terminated as a dealer of any products?*	Yes or No?	

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8. Have you ever imported goods of foreign origin to your country?*(when, import volume, type and origin of goods)	Yes or No?
8. Which other brand(s) of similar products are you currently considering?	
V. MARKETING AND SALES PLAN	
1. Why do you want to distribute our products in your country or region?	
2. What are your aimed markets and industries for our products?	
3. Briefly explain your marketing and sales strategies for our products in your market.	
4. What is your estimated annual sales goal for the first 3 years?	
5. Please tell us why you would make a successful distributor.	

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I confirm that all information and data provided in the Application is true and accurate.

Printed Name of Person Signing

Title

Signature Date

PIYAVAR

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